



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CLERK'S OFFICE
TOWN OF SAUGUS, MASS.

RECEIVED

Fill in Reporting Period dates:

Beginning Date:

12/5/15

Ending Date:

1/20/16

File with: City or Town Clerk or Election Commissioner

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ Year-end report

☐ dissolution

Mark Mitchell

Candidate Full Name (if applicable)

~~XXXXXXXXXXXX~~ Selectmen

Office Sought and District

~~XXXXXXXXXX~~ 3 Lisa Lane, Saugus, MA

Residential Address

01906

Telephone Number (optional):

Committee to Elect Mark Mitchell

Committee Name

Kristin O'Brien Bumbury

Name of Committee Treasurer

3 Lisa Lane, Saugus, MA 01906

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

- 0 -

Line 2: Total receipts this period (page 2, line 11)

- 0 -

Line 3: Subtotal (line 1 plus line 2)

- 0 -

Line 4: Total expenditures this period (page 3, line 14)

- 0 -

Line 5: Ending Balance (line 3 minus line 4)

- 0 -

Line 6: Total in-kind contributions this period (page 4)

- 0 -

Line 7: Total (all) outstanding liabilities (page 4)

461.91

Line 8: Name of bank(s) used:

Sunshine Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Kristin O'Brien Bumbury (Treasurer's signature)

Date: 1/20/16

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Mark Mitchell (Candidate's signature)

Date: 1/20/16

alphabetical order, for all receipts over
those receipts over \$50. In addition, the

attach to this report, if additional pages are used (one per page.)

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

← Enter on page 1, line 2

Page 2

RECEIVED

over \$50 in a reporting period. Comm
\$50 and under may be added together

attach to this report, if additional pages are used (one on each page.)

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			2016 JAN 25 A 10-20 TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.				
Line 15: In-Kind Contributions over \$50 (or listed above)				- 0 -
Line 16: In-Kind Contributions \$50 & under (not listed above)				- 0 -
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				- 0 -

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
March 2015	Mark Mitchell	3 Lis-lane, Saugus	Previous o/b Liability	461.91
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				461.91